

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90049 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29019
 1. Corporation Name
HIGH PLAINS CAPITAL CORPORATION



Principal Place of Business 621 N.W. 53RD STREET SUITE 300 BOCA RATON FL 33487	Mailing Address C/O MCGRATH & MEYERS. P.A. 5725 CORPORATE WAY. SUITE 101 WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 224 Datura St. Suite, Apt. #, etc. 22 #315 City & State 23 West Palm Beach, FL Zip 24 33401 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 04/23/1990	Applied For Not Applicable
4. FEI Number 59-1942407	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
HALMOS, GEORGE
1598 S. OCEAN LANE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
 81 Name
ROBERT J. ARNOLD
 82 Street Address (P.O. Box Number is Not Acceptable)
224 DATURA ST., #315
 83
 84 City
WEST PALM BEACH, FL 85 Zip Code
33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HALMOS, STEVEN	
STREET ADDRESS	200 EAST LAS OLAS BLVD, STE 1730	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	HALMOS, PETER	
STREET ADDRESS	621 N.W. 53RD STREET, SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P S T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HALMOS, PETER
2.3 STREET ADDRESS	224 DATURA ST., #315
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT J. ARNOLD
3.3 STREET ADDRESS	224 DATURA ST., #315
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **7-30-99** Date **561-833-680** Daytime Phone

CR2E034 (1/1/98)